11208

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-00)

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Rural near Hermanville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Hermanville, rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Joseph Veldon Biscoe

3. (b) Social Security Number none

4. Sex Male

5. Color or race Black

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Sarah R Biscoe

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov 4, 1873

8. AGE: Years 66 Months 0 Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace Piney Point, Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Biscoe
13. Birthplace Maryland

MOTHER
14. Maiden name Annie Mason
15. Birthplace Maryland

16. Informant Theodor Lancaster

Address Park Hall, Md

17. Burial Date thereof Dec 3, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Zion Fair Cemetery

Location St Marys Co, Md.

18. Funeral director E. L. Robinson

Address Dameron Md

19. Dec 1 1939 P J Bean MD
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1939, at 10:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4 1939, to Nov 30 1939, and that I last saw him alive on Nov 29 1939.

Immediate cause of death Cerebral hemorrhage — DURATION 3 weeks

Due to Arteriosclerosis — 5 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P J Bean MD
M. D. or other

Address Great Mills, Md Date signed Dec 1, 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11209

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Mary's

City or town Valley Lee (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 70 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Valley Lee Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Blake Creek
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Amelia Brapton

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	widow

8 (b) Name of husband or wife Thomas Brapton

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years: about 70 | Months: unknown | Days | If less than one day: ____ hrs. ____ min.

9. Birthplace St. Mary's Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name unknown Mason

13. Birthplace St. Marys

MOTHER
14. Maiden name unknown

15. Birthplace St. Marys

18. Informant George P. Brapton

Address 17 4th Division St. Balto Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 16 1939 (month) (day) (year)

Cemetery or crematory St. George's cemetery

Location near Valley Lee Md

18. Funeral director B. D. Robinson

Address Leonardtown Md

19. Nov 14 1939 (Date rec'd by registrar) P. J. Bean M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1939, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4 1939, to Nov 14 1939, and that I last saw h-- alive on Nov 12 1939

Immediate cause of death	DURATION
Cerebral Hemorrage	10 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. J. Bean M.D.
M. D. or other

Address Great Mills, Md Date signed Nov 14/39

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DEC 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11210

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (120)

County St Marys Registration Dist. No. 28 X

Village or City Mechanicsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Biscoe If U. S. Veteran, specify WAR

(a) Residence: No. Tilghman Ave (Usual place of abode) St Marys Co Md Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

5a. If merriad, widowed, or divorcad HUSBAND of (or) WIFE of William Biscoe

6. DATE OF BIRTH (month, day, and yaar) Nov 18 1865

7. AGE	Yaars	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Housewife

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupetion (month and year)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Geo J Price

14. BIRTHPLACE (city or town) (Stata or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Julia Hobbs

16. BIRTHPLACE (city or town) (Stata or country) St Marys Co Md

17. INFORMANT Aaron Biscoe (Address) Wranden St Marys Co Md

18. BURIAL, CREMATION, DR REMOVAL Place Poplar Hill Cemetery Date Nov 25, 1939

19. UNDERTAKER W. E. Mattingley (Address) Leonardtown Md

20. FILED 11/24, 1939 Carmeaeen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov 23, 1939, to Nov 23, 1939

I last saw h[illegible] alive on Nov 23, 1939; death is said to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related ceuses of importance ware as follows:

	Date of onset
Gastro Enteritis	[illegible]

Dthar **Contributory Canses** of importance:

Neme of operation Date of

Whet test confirmed diegnosis? Was there an autopsy?

23. If death wes due to axternal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was diseasa or injury in any way related to occupation of deceased? No

If so, spacify

(Signed) F F Greenwell M. D.

(Address) Leonardtown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail **merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11211

(132)

1. PLACE OF DEATH

County St. Mary's — Registration Dist. No. 187

Village or City near Clements — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Philip C. Henry — If U. S. Veteran, specify WAR

(a) Residence: No. Clements Md St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L Henry

6. DATE OF BIRTH (month, day, and yeer) June 2 - 1869

7. AGE	Yeers	Months	Deys	If LESS than 1 dey, — hrs. or — min.
	70	5	21	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceased lest worked at this occupetion (month end year) Nov 20-39

11. Total time (yeers) spent in this occupetion 50

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

FATHER

13. NAME John W. Henry

14. BIRTHPLACE (city or town) (Stete or country) St Mary's Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (Stete or country) St Mary's Co Md

17. INFORMANT Mrs. Phil C. Henry (Address) Clements Md

18. BURIAL, CREMATION, OR REMOVAL Place St Josephs Cimitery Dete Nov 26, 1939

19. UNDERTAKER W. E. & E. Mattingley (Address) Leonardtown Md

20. FILED 11/24, 1939 C. Camalier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 23, 1939 (Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I ettended deceased from Nov 22 1939, to Nov 23, 1939

I lest saw h-im elive on Nov 22, 1939; deeth is said to have occurred on the dete steted above, et 12 30 a.m.

The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:

	Date of onset
Pulmonary Oedema	Nov 22-39
Congestion	

Other Contributory Causes of Importance:

Unknown had no chance to investigate. Probably Diaphoretic.

Name of operetion — Dete of

Whet test confirmed diegnosis? — Wes there an autopsy?

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Wes diseese or injury in any wey related to occupation of deceesed? No

If so, specify

(Signed) J. F. Greenwell M. D.

(Address) Leonardtown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

11212

CERTIFICATE OF DEATH

Reg. Dist. No. 28-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County ~~Calvert~~ St Marys
City or town Rural near California
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St Marys
City or town Rural near California ~~Md~~
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2 miles S E of California Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Herbert D Lloyd

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Martha Lloyd
6(c) If alive, give age: 52 years
7. Birth date of deceased (mo., day, yr.): Sept 12, 1880
8. AGE: Years 59 | Months 1 | Days 21 | If less than one day ____ hrs. ____ min.
9. Birthplace: California, St Marys, Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: State Road maintenance

FATHER
12. Name: Clement Lloyd
13. Birthplace: Maryland

MOTHER
14. Maiden name: Eliza Forrest
15. Birthplace: Maryland

18. Informant: Mary Lloyd
Address: Washington, D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 5 1939 (month) (day) (year)
Cemetery or crematory: St Nicholas Cemetery
Location: Pearson Md
18. Funeral director: Wm C Mattingly
Address: Leonardtown, Md

19. Nov 4 1939 (Date rec'd by registrar) B J Bean Md Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 3 1939, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1939 to Nov 3 1939, and that I last saw him alive on Nov 2 1939

	DURATION
Immediate cause of death: Cerebral hemorrhage (1st one)	24 hours
Due to: Arteriosclerosis	3 years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE B J Bean Md M. D. or other
Address Great Mills, Md Date signed Nov 4, 1939

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11213

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93-C)

County St Marys Registration Dist. No. 282

Village or City Leonardstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Jarret Muthall If U. S. Veteran, specify WAR

(a) Residence: No. Leonardstown Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 18 83

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56		—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None (Invalid)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Near Leonardstown Md

FATHER

13. NAME Charles H Muthall

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Mary Hammett Muthall

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT (Address) J Gregory Muthall

18. BURIAL, CREMATION, OR REMOVAL Place Calvary Cemetery Date Nov 8 1939

19. UNDERTAKER (Address) Wm L Watkins Leonardstown Md

20. FILED 11/8 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 6 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th 1936 to Nov 6th 1939

I last saw h am alive on Nov 6th 1939; death is said to heve occurred on the dete steted ebove, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:

	Date of onset
Fibrilation of Heart	
Chronic Myocarditis	
Other Contributory Causes of Importance: Epestaxis	

Name of operation Date of

Whet test confirmed diagnosis? Wes there an autopsy?

23. If death wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of Injury

24. Was diseese or injury in any wey related to occupation of deceased? No

If so, specify

(Signed) G F Greenwell M. D.

(Address) Leonardstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11214

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Rural near Valley Lee

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Valley Lee Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1 mile N.W of Valley Lee, Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Barbara Ellen Redman

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29, 1939

8. AGE:

Years	Months	Days	If less than one day
—	2	1	hrs. min.

9. Birthplace Valley Lee, St Mary's Co; Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name John B Redman

13. Birthplace Valley Lee, Md

MOTHER

14. Maiden name Eva M Evans

15. Birthplace Great Mills, Md

16. Informant John B Redman

Address Valley Lee, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 2 1939 (month) (day) (year)

Cemetery or crematory St Georges Cemetery

Location Valley Lee Md

18. Funeral director Wm C Mattingley

Address Leonardtown, Md

19. Nov 1 1939 (Date rec'd by registrar) P J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1939, at 7.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25 1939, to Nov 1 1939, and that I last saw him alive on Oct 31 1939.

	DURATION
Immediate cause of death: Ileo colitis	10 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P J Bean MD M. D. or other

Address Great Mills Md Date signed Nov 1 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 4 1939
BUREAU V. S.